Encounter Keys

March-April, 2013

AHCCCS

Inside this issue:

Encounter File Processing Schedule

The Encounter file Processing Schedule for April 2013 – June 2013 and July 2013 – September 2013 can be found on the AHCCCS website which is listed below: **http://www.azahcccs.gov/commercial/Downloads/Encounters/**

Error Code(s)

The following new edit has been added to PMMIS for Reinsurance.

D031 - PSYCH DIAGNOSIS NOT COVERED FOR ACUTE RI
The Service Begin Date and the Receipt Date for the new RI edit D031 is 10/01/12.
Mode 1:
Form Type: I (Inpatient)
Set to: "D"eny
Adj lvl: 60
Loc: 35
Form Types: O,L,A,C,D
Set to: Off "N"
Mode 2 edit set to "N" off for all form types.

Mode 6:
Form Type: I (Inpatient)
Set to: "S"oft
Adj lvl: 03
Loc: 35
Form Types: O,L,A,C,D
Set to: Off "N"

Encounter mode 1, 2, 6:
Form Type: I,O,L,A,C,D
Set to: Off "N"

Edit Changes

The following edits have been updated in PMMIS for UB Outpatient:

S345 PROCEDURE NOT AVAILABLE ON DOS
Begin DOS 03/12/13 & Receipt Date: 03/13/13
Mode 1:
Form Type: “O” (Outpatient)
Set to: "Y" Pend
Adj lvl: 03

S340 PROC CODE IS MISSING OR NOT ON FILE (FOR DOS)
Begin DOS 03/12/13 & Receipt Date: 03/13/13
Mode 1:
Form Type: “O” (Outpatient)
Set to: "Y" Pend
Adj lvl: 03

Category of Service

Effective for the dates of service on or after May 1, 2011 the COS 02 (Surgery) has been added to the CPT code 41830 (Alveolectomy, Including Curettage Of Osteitis Or Sequestrectomy).

Coverage Code

Effective for the dates of service on or after January 1, 2013 the coverage code has been changed to 01 (Covered Service/Code Available) for the CPT code 90461 (Immunization Administration Through 18 Years Of Age Via Any Route Of Administration, With Counseling By Physician Or Other Qualified Health Care Professional; Each Additional Vaccine Or Toxoid Component Administered (List Separately In Addition To Code For Primary Procedure).



Code Changes

- Effective for the dates of service on or after January 1, 2013 the following changes have occurred for the HCPCS code G0458 (Low Dose Rate (LDR) Prostate Brachytherapy Services, Composite Rate):

  Modifier SG (Ambulatory Surgical Center)
  Place of Service 24 (Ambulatory Surgical Center)
  Provider Type 43 (Ambulatory Surgical Center)
  Revenue Code 0490 (Ambulatory Surgical Center)

- Effective for dates of service on or after January 1, 2013 the HCPCS code G0459 (Inpatient Telehealth Pharmacologic Management) has been added to PMMIS with the following.

  AHCCCS Coverage Code 09 (Medicare Only)

  Modifiers

CR	Catastrophe/Disaster
GA	Req Liability Notice
GQ	VUA Asynchronous Telemedicine
GT	Telemedicine

- Effective for the dates of service on or after January 1, 2013 the following changes have occurred for the HCPCS code G0458 (Low Dose Rate (LDR) Prostate BrachythCode Changes
  - Modifier SG (Ambulatory Surgical Center)
  - Place of Service 24 (Ambulatory Surgical Center)
  - Provider Type 43 (Ambulatory Surgical Center)
  - Revenue Code 0490 (Ambulatory Surgical Center)

- Effective for dates of service on or after January 1, 2013 the HCPCS code G0459 (Inpatient Telehealth Pharmacologic Management) has been added to PMMIS with the following.

  - AHCCCS Coverage Code 09 (Medicare Only)
  - Modifiers

    CR - Catastrophe/Disaster
    GA - Req Liability Notice
    GQ - VUA Asynchronous Telemedicine
    GT - Telemedicine

- Effective for dates of service on or after April 1, 2013 the following changes have been added to the HCPCS code Q4127 (Talymed, Per Square Centimeter):

  POS 24 (Ambulatory Surgical Center)
  Modifier SG (Ambulatory Surgical Center)
  Provider Type 43 (Ambulatory Surgical Center)
  Revenue Code 0490 (Ambulatory Surgical Center)

- Effective for dates of service on or after January 1, 2013 the following additions have been added to the HCPCS codes below.

Modifier SG (Ambulatory Surgical Center)
Place of Service 24 (Ambulatory Surgical Center)
Provider Type 43 (Ambulatory Surgical Center)
Revenue Code 0490 (Ambulatory Surgical Center)

Code	Description
C9294	Injection, Taliglucerase Alfa, 10 Units
C9295	Injection, Carfilzomib, 1 mg
C9296	Injection, Ziv-Aflibercept, 1 mg
J0178	Injection, Aflibercept, 1 mg
J0485	Injection, Belatacept, 1 mg
J0716	Injection, Centruroides Immune F(AB)2, Up To 120 Milligrams
J1744	Injection, Icatibant, 1 mg
J2212	Injection, Methylnaltrexone, 0.1 mg
J7178	Injection, Human Fibrinogen Concentrate, 1 mg
J7315	Mitomycin, Opthalmic, 0.2 mg
J7527	Everolimus, Oral, 0.25 mg
J9002	Injection, Doxorubicin Hydrochloride, Liposomal, Doxil, 10 mg
J9019	Injection, Asparaginase (Erwinaze), 1,000 IU
J9020	Injection, Asparaginase, Not Otherwise Specified, 10,000 Units
J9042	Injection, Brentuximab Vedotin, 1 mg
J9280	Injection, Mitomycin, 5 mg
Q4119	Matristem Wound Matrix, PSMX, RS, Or PSM, Per Square Centimeter
Q4131	Epifix, Per Square Centimeter
Q4132	Grafix Core, Per Square Centimeter
Q4133	Grafix Prime, Per Square Centimeter

ASC Fee Schedule Rate Change -- CPT 41899

The AHCCCS ASC reimbursement rate for CPT 41899 (Unlisted Procedure, Dentoalveolar Structures) has been adjusted to $285.81 retroactive to 10/01/2012. Questions concerning the AHCCCS ASC Fee Schedule may be directed to Victoria Burns at (602) 417-4049, or if outside Maricopa County (800) 654-8713 ext. 7-4049.

Hospital Inpatient Rate Update - Yavapai East

AHCCCS has added a **NICU II tier rate** to the FFY2013 hospital inpatient rate sheet for **Yavapai Regional Medical Center - East Campus** (AHCCCS ID: **118951**), effective for dates of service on and after **10/01/2012**. This update is made upon notification of the provider's NICU II certificate valid 10/2012-10/2013.

Hospital Inpatient Rate Update - Banner Ironwood

AHCCCS has added a **NICU II tier rate** to the FFY2013 hospital inpatient rate sheet for **Banner Ironwood Medical Center** (AHCCCS ID: **568411**), effective for dates of service on and after **11/01/2012**. This update is made upon notification of the provider's NICU II certificate valid 11/2012-11/2013.

Havasu Inpatient Rate Update

AHCCCS has updated the Inpatient CCR for **HAVASU REGIONAL MEDICAL CENTER** (AHCCCS ID: 167982) to **0.2162** effective **3/19/2013 –9/30/2013**. Due to legislation, AHCCCS changes a hospital's CCR any time a hospital increases its chargemaster. This update follows the **8.00%** chargemaster rate increase implemented by the provider **3/19/2013**.

Summit Health Inpatient Rate Update

AHCCCS has updated the Inpatient CCR for **SUMMIT HEALTHCARE REGIONAL MC** (AHCCCS ID: **020016**) to **0.2461** effective **1/1/2013 – 9/30/2013**.

Due to legislation, AHCCCS changes a hospital's CCR any time a hospital increases its chargemaster. This update follows the **5.00%** chargemaster rate change implemented by the provider **1/1/2013**.

For further information regarding this information or if you have any questionsplease contact **Jennie Jianqiong Yin**, Rates and Reimbursement Unit **MD6600**, DHCM, AHCCCSA, **602-417-4382;** MD6600 AHCCCS, 701 E. Jefferson St., Phoenix, AZ 85034.

Indicator(s)

The Third Party Liability indicator has been changed from "Yes" to "No" for the following HCPCS codes:

Code	Description
S5125	Attendant Care Services; Per 15 Minutes
S5130	Homemaker Service, NOS; Per 15 Minutes
S5131	Homemaker Service, NOS; Per Diem
S5135	Companion Care, Adult (e.g. IADL/ADL); per 15 minutes
S5136	Companion Care, Adult (e.g. IADL/ADL); per diem
S5150	Unskilled Respite Care, Not Hospice; Per 15 Minutes
S5151	Unskilled Respite Care, Not Hospice; Per Diem
S5170	Home Delivered Meals, Including Preparation; Per Meal
T1019	Personal Care Services, Per 15 Minutes, Not For An Inpatient Or Resident Of A Hospital, Nursing Facility, ICF/MR OR IMD, Part Of The Individualized Plan Of Treatment (Code May Not Be Used To Identify Services Provided By Home Health Aide Or Certified Nurse Assistant)
T2031	Assisted Living; Waiver, Per Diem
T2033	Residential Care, Not Otherwise Specified (NOS), Waiver; Per Diem

Place of Service (POS)

- Effective for dates of service on or after January 1, 2012 the POS 11 (Office) has been added to the CPT code 36832 (Revision, Open, Arteriovenous Fistula; Without Thrombectomy, Autogenous or Nonautogenous Dialysis Graft (Separate Procedure)).

- Effective for dates of service on or after July 1, 2011 the POS 23 (Emergency Room – Hospital) has been added to the CPT code 37195 (Thrombolysis, Cerebral, by Intravenous Infusion).

- Effective for dates of service on or after January 1, 2012 the POS 22 (Outpatient Hospital) has been added to the CPT code 51840 (Anterior Vesicourethropexy, Or Urethropexy (e.g., Marshall-Marchetti-Krantz, Burch); Simple)).

- The POS11 (Office) can now be reported on the following CPT and HCPCS codes:

Code	Description
A5501	For Diabetics Only, Fitting (Including Follow-Up), Custom Preparation And Supply Of Shoe Molded From Cast(s) Of Patient's Foot (Custom Molded Shoe), Per Shoe
A5513	For Diabetics Only, Multiple Density Insert, Custom Molded From Model Of Patient's Foot, Total Contact With Patient's Foot, Including Arch, Base Layer Minimum Of 3/16 Inch Material Of Shore A 35 Durometer Or Higher), Includes Arch Filler And Other Shaping Material, Custom Fabricated, Each
L2116	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Rigid, Prefabricated, Includes Fitting And Adjustment
L3260	Surgical Boot/Shoe, Each
L1906	Ankle Foot Orthosis, Multiligamentus Ankle Support, Prefabricated, Includes Fitting And Adjustment
36832	Revision, Open, Arteriovenous Fistula; Without Thrombectomy, Autogenous Or Nonautogenous Dialysis Graft (Separate Procedure)

- The following POS's **have been removed** from the CPT code 99467 (Critical Care Face-To-Face Services, During An Interfacility Transport Of Critically Ill Or Critically Injured Pediatric Patient, 24 Months Of Age Or Younger; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Service)).

  06 Indian Health Service Provider-Based Facility

  08 Tribal 638 Provider-Based Facility

  21 Inpatient Hospital)

- Effective for the dates of service on or after July 1, 2012 the POS 22 (Outpatient Hospital) has been added to the CPT code 21196 (Reconstruction of Mandibular Rami and/or Body, Sagittal Split; With Internal Rigid Fixation).

- Effective for the dates of service on or after April 1, 2012 the CPT code 01930 (Anesthesia For Therapeutic Interventional Radiological Procedures Involving The Venous/Lymphatic System (Not To Include Access To The Central Circulation); Not Otherwise Specified) can be reported with the POS 11 (Office).

- Effective for the dates of service on or after January 1, 2013 the POS 52 (Psych Facility Partial Hospitalization) has been added to the following CPT codes:

Code	Description
99221	Initial Hospital Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires These 3 Key Components: A Detailed Or Comprehensive History; A Detailed Or Comprehensive Examination; And Medical Decision Making That Is Straightforward Or Of Low Complexity
99222	Initial Hospital Care, Per Day, For The Evaluation And Management Of A Patient, Hich Requires These 3 Key Components: A Comprehensive History; A Comprehensive Examination; And Medical Decision Making Of Moderate Complexity.
99223	Initial Hospital Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires These 3 Key Components: A Comprehensive History; A Comprehensive Examination; And Medical Decision Making Of High Complexity.
99231	Subsequent Hospital Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires At Least 2 Of These 3 Key Components: A Problem Focused Interval History; A Problem Focused Examination; Medical Decision Making That Is Straightforward Or Of Low Complexity.
99232	Subsequent Hospital Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires At Least 2 Of These 3 Key Components: An Expanded Problem Focused Interval History; An Expanded Problem Focused Examination; Medical Decision Making Of Moderate Complexity.
99233	Subsequent Hospital Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires At Least 2 Of These 3 Key Components: A Detailed Interval History; A Detailed Examination; Medical Decision Making Of High Complexity.
99251	Inpatient Consultation For A New Or Established Patient, Which Requires These 3 Key Components: A Problem Focused History; A Problem Focused Examination; And Straightforward Medical Decision Making.
99252	Inpatient Consultation For A New Or Established Patient, Which Requires These 3 Key Components: An Expanded Problem Focused History; An Expanded Problem Focused Examination; And Straightforward Medical Decision Making.
99253	Inpatient Consultation For A New Or Established Patient, Which Requires These 3 Key Components: A Detailed History; A Detailed Examination; And Medical Decision Making Of Low Complexity.
99254	Inpatient Consultation For A New Or Established Patient, Which Requires These 3 Key Components: A Comprehensive History; A Comprehensive Examination; And Medical Decision Making Of Moderate Complexity.
99255	Inpatient Consultation For A New Or Established Patient, Which Requires These 3 Key Components: A Comprehensive History; A Comprehensive Examination; And Medical Decision Making Of High Complexity.

Modifiers

- Effective for the dates of service January 1, 2013 the following modifiers have been added to the CPT codes listed below:

Modifier	Description
LC	Left Circumflex Coronary Artery
LD	Left Anterior Descending Coronary Artery
LM	Left Main Coronary Artery
RC	Right Coronary Artery
RI	Res To Site Of Trans/

CODE	DESCRIPTION
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch
92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
92937	Percutaneous revascularization of or through coronary artery bypass graft (Internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
92938	Percutaneous revascularization of or through coronary artery bypass graft (Internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and ngioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed; single vessel
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, and combination of intracoronary stent, atherectomy and angioplasty; single vessel
92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of the intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch or bypass graft (List separately in addition to code for primary procedure)

- Effective for the dates of service on or after January 1, 2013 the modifier U7 (Agency With Choice) can be reported on the following HCPCS codes:

Code	Description
S5160	Emergency Response System; Installation And Testing
S5161	Emergency Response System; Service Fee, Per Month (Excludes Installation And Testing)
S5165	Home Modifications; Per Service
S5170	Home Delivered Meals, Including Preparation; Per Meal

- Effective for dates of service on or after October 1, 2012 the HPCPS codes C9292 (Injection, Pertuzumab, 10 mg) and C9293 (Injection, Glucarpidase, 10 Units) can now report the following modifiers:

  GK - Actual Item/Services by Phys with GA/GZ Modifier
  GZ - Item/Services Expected To Be Denied As Not Reasonable
  KX - Requirements Specified In the Medical Po
  99 - Multiple Modifiers

- Effective for dates of service on or after October 1, 2012 the modifier GZ (Item/Services Expected To Be Denied As Not Reasonable) has been added to the HPCPS code G9157 (Transesophageal Doppler Use For Cardiac Monitoring).

- Effective for dates of service on or after July 1, 2012 the modifiers listed below have been added to the CPT codes to either RF121 (Valid OPFS Procedure Modifiers) or RF 122 (FFS Valid Procedure Modifiers).

Reference Screen RF121* Valid OPFS Procedure Modifiers

Reference Screen RF122** FFS Valid Procedure Modifiers

		Modifiers									
Code	Description	50 - Bilateral Procedure (Pay 50%)	51 - Multiple Procedures	52 - Reduced Services	62 - Two Surgeons/Different Skills	73 - Discount O/P Hospital/ASC Prior To Adm Anesth	74 - Discount O/P Hospital/ASC After Adm Anesth	FB - Item Provided Without Cost To Provider	GK - Actual Item/Services by Phys With GA/GZ Modifier	GY - Item/Svs Statutorily Excludes/ Does Not	KX - Requirements Specified In the Medical Po
0302T	Insertion or Removal and Replacement of Intracardiac Ischemia Monitoring System Including Imaging Supervision and Interpretation When Performed and Intra-Operative Interrogation and Programming When Performed; Complete System (Includes Device and Electrode)		**X****		**X****	**X***	**X***	**X***		**X****	
0303T	Insertion or Removal and Replacement of Intracardiac Ischemia Monitoring System Including Imaging Supervision and Interpretation When Performed and Intra-Operative Interrogation and Programming When Performed; Electrode Only		**X****			**X***	**X***	**X***		**X****	
0304T	Insertion or Removal and Replacement of Intracardiac Ischemia Monitoring System Including Imaging Supervision and Interpretation When Performed and Intra-Operative Interrogation and Programming When Performed; Device Only		**X****			**X***	**X***	**X***			
0305T	Programming Device Evaluation (In Person) Of Intracardiac Ischemia Monitoring System with Iterative Adjustment of Programmed Values, With Analysis, Review, and Report			**X***						**X****	

Reference Screen RF121* Valid OPFS Procedure Modifiers

Reference Screen RF122** FFS Valid Procedure Modifiers

		Modifiers									
Code	Description	50 - Bilateral Procedure (Pay 50%)	51 - Multiple Procedures	52 - Reduced Services	62 - Two Surgeons/Different Skills	73 - Discount O/P Hospital/ASC Prior To Adm Anesth	74 - Discount O/P Hospital/ASC After Adm Anesth	FB - Item Provided Without Cost To Provider	GK - Actual Item/Services by Phys With GA/GZ Modifier	GY - Item/Svs Statutorily Excludes/ Does Not	KX - Requirements Specified In the Medical Po
0306T	Interrogation Device Evaluation (In Person) Of Intracardiac Ischemia Monitoring System with Analysis, Review, and Report			**X***						**X****	
0307T	Removal of Intracardiac Ischemia Monitoring Device		**X****	**X***		**X***				**X****	
0308T	Insertion of Ocular Telescope Prosthesis Including Removal of Crystalline Lens	**X****	**X****							**X***	
Q2034	Influenza Virus Vaccine, Split Virus, For Intramuscular Use (Agriflu)								**X****		**X****

Procedure Daily Maximum

The procedure daily maximum has been **increased to nine (9) for the CPT code 90460** (Immunization Administration Through 18 Years Of Age Via Any Route Of Administration, With Counseling By Physician Or Other Qualified Health Care Professional; First Or Only Component Of Each Vaccine Or Toxoid Administered).

Revenue Code(s)

- Effective for dates of service on or after July 1, 2012 the revenue code **0278** (Supply/Implants) has been added to the HCPCS code S1090 (Mometasone Furoate Sinus Implant, 370 Micrograms).

- Effective for dates of service on or after July 1, 2012 the revenue codes **0360** (OR Services) and **0361** (OR/Minor) have been added to the following CPT codes:

Code	Description
0302T	Insertion or Removal and Replacement of Intracardiac Ischemia Monitoring System Including Imaging Supervision and Interpretation When Performed and Intra-Operative Interrogation and Programming When Performed; Complete System (Includes Device and Electrode)
0303T	Insertion or Removal and Replacement of Intracardiac Ischemia Monitoring System Including Imaging Supervision and Interpretation When Performed and Intra-Operative Interrogation and Programming When Performed; Electrode Only
0304T	Insertion or Removal and Replacement of Intracardiac Ischemia Monitoring System Including Imaging Supervision and Interpretation When Performed and Intra-Operative Interrogation and Programming When Performed; Device Only
0307T	Removal of Intracardiac Ischemia Monitoring Device

New Codes

Effective for the dates of service on or after April 1, 2013 the following HCPCS codes have been added to the AHCCCS system, with the following information:

Q0507 Miscellaneous Supply or Accessory For Use With An External Ventricular Assist Device
Q0508 Miscellaneous Supply or Accessory For Use With An Implanted Ventricular Assist Device
Q0509 Miscellaneous Supply or Accessory For Use With Any Implanted Ventricular Assist Device For Which Payment Was Not Made Under Medicare Part A

Place of Service (POS)

12 Home
21 Inpatient Hospital (*Note this POS is only for Q509)

AHCCCS Procedure Coverage Code

01 (Covered Service/Code Available)

Procedure Code Indicators And Values

Procedure Daily Maximum = 1
Minimum Age: 000 Y
Maximum Age: 999 Y

Modifiers

Modifier	Description	Modifier	Description
CR	Catastrophe/Disaster Related	KH	DMEPOS Item, Initial Claim, Purchase Or First Month Rental
FB	Item Provided Without Cost To Provider, Supplier or Practitioner	KI	DMEPOS Item, Second or Third Month Rental
FC	Partial Credit Received For Replaced Device	KX	Requirements Specified In The Medical Policy Have Been Met
GA	Required Liability Notice	NR	New When Rented
GK	Actual Item/Service By Ph	NU	New Equipment
GY	Item/Service Statutorily Excluded	RA	Replacement of A DME, Orthotic Or Prosthetic Item
GZ	Item/Service Expected To Be Denied as not Reasonable and Necessary	RB	Replacement Part, DME Item
KB	Beneficiary Requested Upgrade For ABN, More Than 4 Modifiers Identified	RR	Rental (DME)